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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

595700

(6)

FUEL SERVICES, INC.

Principal Place of Business

Mailing Address

4425 MERRIMAC AVE. JACKSONVILLE FL 32210 4425 MERRIMAC AVE. JACKSONVILLE FL 32210



						3. Date Incorporated or Qualified	3a. Date of	Last Re	port
						11/22/1978	01/	26/19	95
2. Principal Place	e of Business	2a. Mailing Addre	ess			4. FEI Number		A	oplied For
1		26				59-1880660			tot Applicabl
Suite, Apl. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	Status Desired Status Desired \$8.75 Additional Fee Required		
City & State		Orty & State				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zg)	Country 25	Zip 29	30	Country		8. This corporation has liability for Florida Statutes	intangible tax u i □ No	nder s	199.032,
·	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered Age	ent	
				81	Name				
ROGERS, ARNOLD S. 4425 MERRIMAC AVE.				82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
	NVILLE, FL. 32210			83					
	1111000 1 1 2 2 2 1 3			84	City		FI	BS Zig	Code
SIGNATUREs×	gnaturi, typed or pilito dinamic of registered agent	and title Lapplicatio	(NOTE: Ros	gistered Age	nt signature requ	red when reinstaling)	DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OF	FICERS AND D	RECTO	RS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME PAGIGNING OFFICER OR DIRECTOR

President 1/22/96 (904) 387-3441